2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT #A0100000953 06 APR 2# AM 10: 55 TEMPLE COURT PARTNERS, LTD. Principal Place of Business Mailing Address C/O TRANSOM DEVELOPMENT, INC. C/O TRANSOM DEVELOPMENT, INC. 1103 WEST HIBISCUS BLVD SUITE 408 1103 WEST HIBISCUS BLVD SUITE 408 MELBOURNE, FL 32901 MELBOURNE, FL 32901 2. Principal Place of Business 3. Mailing Address 2700 NYCLIFF ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-LP CR2E003 (11/05) SUITE 312 City & State 4. FEI Number Applied For City & State RALEIGH, NC 03-0396631 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 27607 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRANSOM DEVELOPMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 8226 NORTH WICKHAM ROAD, STE. 200 MELBOURNE, FL 32940 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L01000011548 DOCUMENT # STREET ADDRESS 2700 WYCHIPF ROAD, SUITE 312 NAME TEMPLE COURT PARTNERS, LLC STREET ADDRESS 1103 WEST HIBISCUS BLVD., SUITE 408 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32901 RALLIGH NC 27607 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 100074081481 CITY-ST-7IP 05/05/06 -01049 -019 **500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 520, Florida Statutes. BY: ALETH J. HOBGES, V.P. of CDC HANGGER, T.N.P., WHINGGER OF TEMPLE COURT PARTNERS, LLC.

NATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

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